

FADSS FAMILY PROFILE/EXIT FORM

Project#/Grantee _____ DHS Case Number _____

County: _____ State ID# _____

Head of Household at Entry _____ Marital Status _____

Head of Household Ethnicity _____ FaDSS Specialist _____

of home visits completed _____

Enrollment Date _____

Exit Date _____

Members at Entry: Members at Exit:

Adults: _____ Adults: _____

Children: _____ Children: _____

Household Size at Enrollment: _____

Family Income at Entry:

Two Parent Household: Y ☐ N ☐ ☐ \$0 - \$10,000 ☐ \$40,001 - \$50,000

Re-Enrollment: Y ☐ N ☐ ☐ \$10,001 - \$20,000 ☐ \$50,001 - \$60,000

Transition Post FIP ☐ \$20,001 - \$30,000 ☐ more than \$60,001

1. No Transition _____

2. One month _____

3. Two month _____

4. Three month _____

☐ \$30,001 - \$40,001

Complete the appropriate box for each of the four outcome areas below:	At Entry Head of Household	At Entry Other adult	At Exit Head of Household	At Exit Other adult
Education-highest level attained by head of household A. Elementary or Middle B. Some High School C. High School diploma/GED D. Some College E. Two year College Degree (Associates) F. Four years College Degree (Bachelors) G. Masters degree or above H. Trade/Vocational Training I. Was education a goal? J. Was there a process toward achieving the education goal?	A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____	A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____	A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. yes <input type="checkbox"/> no <input type="checkbox"/> J. yes <input type="checkbox"/> no <input type="checkbox"/>	A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. yes <input type="checkbox"/> no <input type="checkbox"/> J. yes <input type="checkbox"/> no <input type="checkbox"/>
Employment level of head of household? A. Total weekly hours B. Hourly wage	yes <input type="checkbox"/> no <input type="checkbox"/> A. _____ B. _____	yes <input type="checkbox"/> no <input type="checkbox"/> A. _____ B. _____	yes <input type="checkbox"/> no <input type="checkbox"/> A. _____ B. _____	yes <input type="checkbox"/> no <input type="checkbox"/> A. _____ B. _____
Total Monthly Income Source A. FIP B. Wages C. Child Support D. SSI/SSDI E. Other (specify)	\$ _____ A. _____ B. _____ C. _____ D. _____ E. _____	\$XXXXXXXXXXXXX A. _____ B. _____ C. _____ D. _____ E. _____	\$ _____ A. _____ B. _____ C. _____ D. _____ E. _____	\$XXXXXXXXXXXXX A. _____ B. _____ C. _____ D. _____ E. _____
Housing A. Was housing a goal? B. Family perceives that housing has improved?			A. yes <input type="checkbox"/> no <input type="checkbox"/> B. yes <input type="checkbox"/> no <input type="checkbox"/>	

Situation at Exit

☐

Reason for leaving FIP

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Name – First and Last (do this for all in the home)	Age	Gender	Race/Ethnicity	Disabled	Primary Language, Not English	Relationship
Head of Household						

Race/Ethnicity: Code #1 Native American/Alaskan Native Code #5 Hispanic or Latino
 Code #2 Naïve Hawaiian/Pacific Islanders Code #6 Asian
 Code #3 African American Code #7 White
 Code #4 Multi Racial Code #8 Other

Marital Status

Married
 Partnered
 Single Female
 Single Male
 Divorced
 Widowed
 Separated

Situation at Exit

1. Moved out of service area/transition
2. Began receiving other assistance (SSI, SSDI, child support)
3. Unable to locate family
4. Receiving FIP No Transition
5. Other (complete additional information)

Reason for leaving FIP

1. Increased income from wages
2. Increased income from other than wages
3. Increased income from a combination of 1 & 2 above.
4. Moved out of state
5. Children no longer in the home
6. Family chose LBP –(complete additional information)
7. Family denied hardship–(complete additional information)
8. Family reached lifetime limit.
9. Still receiving FIP
10. Voluntarily left FIP–(complete additional information)
11. Other (complete additional information)